# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED APR 30 1962 — Registration District No. 042 — Primary Registration District No. 1000 — Registrar's No. 452

62-014186 — STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph
Length of stay in 1b: 85 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph's Hospital
Inside Limits: Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 112 E. Highland — Reside on Farm: Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First THOMAS — Middle A. — Last BEDEE

**4. DATE OF DEATH**: Month April — Day 21, — Year 1962

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7.** Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

**8. DATE OF BIRTH**: 3-19-1876

**9. AGE** (last birthday): 85

IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Ret. (12) Cashier

**10b. KIND OF BUSINESS OR INDUSTRY**: Sheridon-Clayton Paper C.

**11. BIRTHPLACE** (City and state or country): St. Joseph, Mo.

**12. CITIZEN OF WHAT COUNTRY**: USA

**13a. FATHER'S NAME**: Not Known

**13b. MOTHER'S MAIDEN NAME**: Not Known

**14. NAME OF HUSBAND OR WIFE**: None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of servi: No

**16. SOCIAL SECURITY NO.**

**17. INFORMANT** Address: Ivyl Tolin — St. Joseph, Mo.

**18. CAUSE OF DEATH** (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple Small Strokes (Recurrent) — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis Gen — Yrs
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ASHD - NR comp. - CA Prostate

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. — Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** — COUNTY — STATE

**21.** I attended the deceased from 3-25-59 to 4-21-62 and last saw her/him alive on 4-21-62
Death occurred at 11:20 p m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Robert W. Kreiger, M.D.

**22b. ADDRESS**: St. Joseph. Mo

**22c. DATE SIGNED**: 4-23-62

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: Apr. 24, 1962

**23c. NAME OF CEMETERY OR CREMATORY**: Mt. Olivet Cemetery

**23d. LOCATION** (City, town, or county) (State): St. Joseph, Mo.

**24. FUNERAL DIRECTOR** — ADDRESS: H.O. Sidenfaden & Son — St Joseph, Mo RR4

**25. DATE RECD. BY LOCAL REG.**: April 23. 1962

**26. REGISTRAR'S SIGNATURE**: Mrs. Clark Randell

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION — R.W. Krieger, M.D.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____; Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert K Yopp

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.